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An Essay.

on.

Paronychia

Respectfully Submitted

To the Faculty of the

Homoeopathic Medical College.

of

Pennsylvania,

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Eighteen Hundred & fifty three

by.

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of

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## Paronychia, Whitlow.

This signifies an inflammation, on or near the end of the finger, exceeding  
by painful.

The toes also sometimes fall victims to this disease, but they are attacked less frequently than the fingers.

It is characterized by pain, throbbing, hardness, and swelling, which usually terminates in suppuration.

Four varieties are generally noticed, by most writers, which we will proceed to investigate.

The first or cutaneous variety, is known in common parlance, as a "run a round" and consists in inflammation of the cuticle.



at the root of the nail.

In this variety the pain generally is not very great, the swelling does not extend beyond the first joint of the finger, but speedily terminates in a vesicle, containing a bloody serum.

Sometimes the inflammation extends beneath the nail, and is followed by an accumulation of pus in that situation, which gives rise to a good deal of pain. Sometimes in this variety the continued pressure, from the increase of serum not being freed from its confined situation, causes ulceration of the cutis, and then the soft parts, beneath, push out through the openings in the cuticle like a fungus, which when irritated gives rise to great pain. This is caused by the surrounding-



belts of cuticle, not having given way to the increase of the parts beneath, by which means they are forced out through these openings.

The second or subcutaneous variety, attacks the cellular, and adipose tissue, found on the palmar side of the last phalanx. The pain is more severe in this variety, with throbbing, hardness and some swelling. There are also some slight constitutional disturbances, such as fever, quick pulse, headache, &c.

The great pain, in this variety, is ascribed to the hard unyielding nature of the integument on the fingers.

The difficulty of detecting fluctuation is also attributed to the same cause, as well as the tardiness with which.



-the pus makes its way outwards.

In the third variety, the inflammation is situated in the sheaths of the flexor tendons, and occupies the first or second phalanx.

The pain is very severe, the finger is hard, but not much swollen, most of the swelling being in the adjacent parts, the entire hand very often becomes inflamed, as well as the forearm, and swells very much.

Darting pain is felt throughout the whole arm, to the shoulder, there is also swelling and soreness of the lymphatic ganglia, at the bend of the elbow, and axillas, also considerable difficulty and increased pain is experienced, on moving the hand or finger.



When suppuration occurs in this variety fluctuation is, as general thing, not distinguishable in the finger, on account of the deep situation of the pus, though frequently it may be detected in the hand.

The inflammation is apt to spread to the periosteum, and destruction of the phalanges is the result.

Along with the symptoms above mentioned, if the case be severe, we will have considerable constitutional disturbance, accompanying fever, thirst, headache, restlessness &c.

If the affected finger is disfigured by excessive swelling, the symptoms of disturbance are less severe, than when there is great tension of the -



-finger, with little swelling, and fluctuation imperceptible, so as to make the existence of pus doubtful.

The quantity of pus in the latter case being very small, the decided relief experienced by the patient on evacuating it, therefore demonstrates to a certainty, that it was the situation of the pus, that gave rise to the intense pain and disturbance.

Inflammation<sup>m</sup> of the periosteum of the phalanges, has been considered by most authorities as a form of paronychia, and therefore we shall speak of it here, as the fourth variety.

In this the pain is very severe in the affected finger, but the surrounding parts never sympathize, they are -



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neither painful nor swelled, neither  
is there the first appearance of oedema  
in the finger affected.

The last two observations are distin-  
guishing peculiarities of this variety.

<sup>qu</sup>Suppuration generally follows in this  
variety very soon, the usual result of which  
is necrosis of the adjacent phalanges.

The severe kinds of whitlow may be con-  
nected with each other, inasmuch as  
a less may pass into a more severe  
form, which we have observed in  
describing the different varieties.

Whitlows commonly commence on  
the palmar side of the fingers, the  
first variety however is an exception  
to this rule, as they generally make  
their appearance on the opposite side.



A disease similar to this has been noticed by some writers, which was confined to the hand itself.

We have already observed, there is but little swelling of the affected finger, this may be accounted for from the ~~hard~~ dense, and unyielding character of the integument in this situation, and the severe pain, which is a certain attendant, is attributable partly to the same cause.

The prognosis is generally favourable, the <sup>3<sup>rd</sup></sup> variety however is sometimes followed by ankylosis of the carpal articulations, and occasionally the disease extends to the periosteum, and causes destruction of the first phalanx.

In the fourth variety the loss of one or



more of the phalanges is apt to occur. The causes of whitlow in many cases are obscure.

Sometimes as general cause, as gout or rheumatism, appears to give rise to it, but in most cases the cause is local, as contusions, sudden warming the fingers after being cold, wounding the finger with a needle is a very common cause.

Very often on opening whitlows, a portion of a needle is found, in the abscess.

The disease is caused, however, as a general thing by slight injuries, which pass unheeded at the moment.

Persons accustomed to hard labour - as mechanics, sailors & housemaids are, most subject to it.

make an opening through the nail for



We will now proceed to notice the treatment, which may be divided into constitutional and local.

The cutaneous variety seldom requires the use of internal remedies.

If however the inflammation should be extensive, with a shining glassy surface, and a good deal of heat in the part - Belladonna would be appropriate. When bloody serum collects beneath the cuticle, the best plan is to evacuate it immediately, by making a free opening, if we do not, it is apt to burrow beneath the nail, and then the nail will be sacrificed, if however it should extend beneath the nail, before we are called, then make an opening through the nail for



- the pus to escape. The subcutaneous variety usually produces some constitutional disturbance, fever, headache, &c., this condition calls for Aconite, - if at the same time there is much throbbing in the finger, with darting pains extending through the arm - Belladonna or thus Toxicodendron would be indicated.

If there be absence of fever & headache, with severe local sufferings, such as throbbing, great pain, &c., Hepar-Sulphuris, Mercury or Iodine. The second remedy is very appropriate if suppuration is about taking place, as it is said to hasten that process.

The third or tendinous variety is the most severe, and is often very troublesome, and requires skill and attention -



- to insure a favourable result.

In the early stage, when there is great pain with throbbing, hardness of the affected finger, and before the constitutional symptoms have fully set in, *Hepar-sulphuris* is the remedy.

This remedy when given in the early stage often gives prompt relief, and in many instances it will cause the inflammation to be resolved, and the disease will be arrested without sup-  
puration.

If there should be headache and fever, with swelling and inflammation<sup>on</sup> of the adjacent parts, *Aconite* would be suitable.

Should the local suffering increase with stitches in the hand and arm, throbbing in the finger very violent - *Sepia*.



Sulphur and Silicea would also be indicated in many cases.

Lachesis generally acts well after Kepar Sulph.  
After the abscess has been opened, and the pus evacuated, a few doses of Mercurius or Sulphur may be given as the case may call for.

In the fourth variety Silicea is the main remedy.

A constitutional predisposition to whitlow <sup>can</sup> ~~may~~ be eradicated with Sulphur and Calcareo-carbonica.

Rest and quiet should be ordered, with a light farinaceous diet.

I have seen cases resolved in the onset, by immersing the finger in scalding water, but how such treatment would succeed, if followed in every-



case, we are unable to say.

It has been suggested to apply tightly a roller to the affected part, but unfortunately patients seldom apply for relief until suppuration has taken place, when it would be useless to apply it.

Warm poultices are required and the arm should be placed in a sling.

By the 4th. or 5th. day the abscess is fit to open, do not wait for fluctuation, it is seldom present.

When you attempt to open it, lay the patients hand on a table, and with a sharp pointed bistoury make a free and deep incision into the abscess, avoid the joint, arteries and nerves. When the pus is deep there is no.



- alternative, it must have freedom, otherwise it dissects up the flexor tendons, burrows beneath the palmar fascia, producing successive inflammations, and abscesses in different parts of the hand, and immobility of the fingers.

When abscesses form in the palm of the hand, they should be opened over the metacarpal bones, and not between them, by so doing the arteries and nerves are avoided.

Warm poultices should be continued, until the matter has all escaped.

When unhealthy granulations spring up with much swelling of the part Phosphorous,

If the part assumes a livid appearance, with the edges everted and,



- ragged, Arsenicum would be the remedy. When the periosteum is implicated, there is danger of subsequent necrosis of the phalanx of the finger affected.

Suppuration takes place beneath the periosteum, hence the incision must be made early, and this membrane divided, in order to evacuate the pus, that this fearful result may be obviated if possible. If the bone should be necrosed, its removal is necessary, to accomplish this it is sometimes requisite to remove the finger.

M. L. Casselberg.

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